



**WASHINGTON STATE CRIMINAL JUSTICE TRAINING COMMISSION  
STATEMENT OF FITNESS FOR PARTICIPATION IN PHYSICAL TRAINING  
FOR THE COMMUNITY CORRECTIONS OFFICERS ACADEMY**



**DESCRIPTION OF PHYSICAL TRAINING COMPONENTS FOR CCOA**

*All students are required by state rule (WAC 139-10-220) to fully and actively participate in all Academy training.*

Personal Safety Training is designed to assist those working with offenders in potentially dangerous situations. This course requires each participant to apply techniques used to escape an attack by an aggressive individual or physically threatening situation using a personal safety technique demonstrated in class. Students will be applying, demonstrating and experiencing the following techniques over several hours during one intensive training session:

- ☐ Using a heavy training bag as a prop, apply kicks, punches, elbow strikes, knee strikes, and palm heel strikes to the heavy bag,
- ☐ Flexion and extension of the back and spine,
- ☐ During a practical exercise, practice impeding and escape techniques on each other as demonstrated by the instructor.
- ☐ Crawling, bending, and climbing (under and over bunks and other furniture while conducting a cell search or vehicle search)

*These actions will place repeated stress on the joints and muscles of the abdomen, back, neck, knees, shoulders, wrists, and elbows. Participants will sustain moderate to high impact on all parts of the body, specifically the arms, legs, abdomen, obliques, and upper/lower back.*

All students will have these techniques applied on them and must be able to demonstrate them. These techniques, if properly applied, are designed to ensure the safety of the student who is free from health problems or physical limitations.

ACADEMY NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_ DATE: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ M: \_\_\_\_\_  
CURRENT MEDICATIONS: \_\_\_\_\_ DRUG ALLERGIES: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**APPLICANT STATEMENT** (The student must present this completed form to the TAC Officer on the first day of class)

I have reviewed the DESCRIPTION OF PHYSICAL TRAINING COMPONENTS (above) for the Corrections Services Academy programs and believe that I have no health problem or physical limitation existing that would or should preclude me from fully and actively participating in such program.

**SIGNATURE OF ACADEMY APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MANDATORY PHYSICIAN STATEMENT** (Must be completed within 6 months prior to attending the academy)

I have reviewed the DESCRIPTION OF PHYSICAL TRAINING COMPONENTS (above) for the Corrections Services Academy programs in assessing the applicant for participation in physical training. It is my professional opinion that Officer/Applicant \_\_\_\_\_ can **fully and actively participate** in such program safely and without any undue hazard to his/her health. Please check one of the following:

- ( ) Without the need for a reasonable accommodation.
- ( ) Given the following reasonable accommodation as requested by the applicant (please specify):  
\_\_\_\_\_

NAME OF EXAMINING PHYSICIAN OR PHYSICIAN/OFFICE STAMP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**SIGNATURE OF EXAMINING PHYSICIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AGENCY EXECUTIVE OFFICER STATEMENT** (Agency must review/sign after physician statement is completed)

I have reviewed the DESCRIPTION OF PHYSICAL TRAINING COMPONENTS (above) for the Corrections Services Academy programs and based upon my knowledge, believe that Officer/Applicant \_\_\_\_\_ has no health problem or physical limitation, which would or should preclude full and active participation in such program.

PRINT OR TYPE NAME OF AGENCY REPRESENTATIVE \_\_\_\_\_

**SIGNATURE OF TRAINING MANAGER OR SUPERINTENDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_